Please type a plus sign (+) inside this box $\rightarrow \Box$ U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE O.S. I atent and Tradelliank Office. Co. Department of the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number DĔĊLARATION FOR UTILITY OR 61169.00043 (P-2944) **Attorney Docket Number** DESIGN PATENT APPLICATION First Named Inventor Saha et al. (37 CFR 1.63) COMPLETE IF KNOWN □ Declaration ☑ Declaration Submitted Submitted after Initial Application Number 10/728,496 with Initial Filing (surcharge Filing Date December 5, 2003 (37 CFR 1.16(e)) Filing Group Art Unit 2624 required Examiner Name **Bernard Krasnic** As a below named inventor, I hereby declare that: My residence, mailing address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: the specification of which ☐ is attached hereto was filed on December 5, 2003 as United States Application Number 10/728,496 or PCT International Application Number * and was amended on (MM/DD/YYYY) (if applicable). I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application. I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designed at least one country other than the United States of

America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT internatinal application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application	0 4	Foreign Filing Date		Priority	Certified Copy Attached?	
Number(s)	Country	(MM/DD/YYYY)	'	Claimed	YES	NO
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☐ Additional foreign applicat	ion numbers are l	ed on a supplemental priority data sl	heet PT(O/SB/02B atta	ched hereto.	
I hereby claim the benefi	t under 35 U.S.	119(e) of any United States pro	visiona	l application	(s) listed below.	
Application Number(s) Filin		Filing Date (MM/DD/YYYY)				
60/431,129		December 5, 2002		☐ Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.		

[Page 1 of 3]

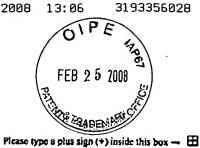
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DECLARATION – Utility or Design Patent Application						
Direct all correspondence to: ☐ Customer Number or ■ Correspondence address below						
Name Evelyn M. McConathy	Name Evelyn M. McConathy					
City Philadelphia		State	PA	Zip	19109	
Country US	Tele	phone	215-772-7550	Fax	215-772-7620	
PC	WER OF	ATTORN	EY			
I hereby appoint the following practitioner(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:						
Evelyn M. McC	Conathy, I	Registrat	ion No. 35,279			
[X] I hereby appoint the practitioner(s) associated with Customer Number 67283 to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.						
[] Attached, as part of this Declaration and Power of Attorney, is the authorization of the above-named practitioner(s) to accept and follow instructions from my representative(s).						
	DECLAF	RATION				
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.						
NAME OF SOLE OR FIRST INVENTOR	☐ A petit	ion has be	en filed for this unsign	ed invento	or	
Given Name (first and middle [if any])	Fam	Family Name or Surname				
Felix W. Wchrli						
Inventor's Signature Flux W. heave.			· · · · · · · · · · · · · · · · · · ·	Date 2	23/08	
Residence/City: Bala Cynwyd	State PA		Country USA	Citizensl	hip USA	
Mailing Address: Conshohocken						
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City: Bala Cynwyd	State PA		Zip 19004	Country	USA	
NAME OF SECOND INVENTOR:						
Given Name (first and middle [if any]) Punam Kumar Family Name or Surname Saha						
Inventor's Signature Date						
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Evelyn M.	McCon	athy, Registra	ition No. 35,279		
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() Attached, as part of this Declaration all practitioner(s) to accept and follow ins	nd Powe	r of Attorney	s the authorization o		-named
	ns	CLARATION			
I hereby declare that all statements made herein of belief are believed to be true; and further that these like so made are punishable by fine or imprisonar jeopardize the validity of the application or any pate	ent or t	nis were made			
NAME OF SOLE OR FIRST INVENTOR	0.	A petition has be	cen filed for this unsig	ned inventor	
Given Name (first and middle [if any]) Folix W.		Family Name o	or Surname		
Inventor's Signature		WEIGH			
Rosidence/City: Bala Cynwyd					
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Mailing Address: Conshohocken Mailing Address: City: Bala Cynwyd NAME OF SECOND INVENTOR:	State	PA	Zip 19004	Citizenshi	USA
Mailing Address: Conshohocken Mailing Address: City: Bala Cynwyd NAME OF SECOND INVENTOR: Civen Name (first and middle jif anyj) Punam Kumar	State	PA	Zip 19004	Citizenshi	USA
Mailing Address: Conshohocken Mailing Address: City: Bala Cynwyd NAME OF SECOND INVENTOR: Civen Name (first and middle jif anyj) Punam Kumar	State	PA A petition has be	Zip 19004	Country ned inventor	USA
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DECLA	RATION	ADDITIONAL INVENTOR(S) Supplement Sheet Page 3 of 3				
		Supplement Sheet	Page 3 01 3			
Name of Additional Joint Inventor, if any:		☐ A petition has been filed for this unsigned inventor				
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City: San Francisco'	State: CA	Zip: 94116	Country: USA			
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	and middle (if any))	Famil	y Name or Surname			
		-	Date.			
			Citizenship:			
Mailing Address						
City	State	Zip:	Country:			
Name of Additional Joint Inventor, if any:		☐ A petition has been filed for this unsigned inventor				
	and middle (if any))	Family Name or Surname				
Inventor's Signature			· Data			
Residence: City	State		Date			
Mailing Address	State					
City	State	City	State			
City	State					
Name of Additional Joint Inventor, if any:		☐ A petition has been filed for this unsigned inventor				
Given Name (first and middle (if any))		Family Name or Surname				
Inventor's Signature			Date			
Residence: City	State	Residence: City	State			
Mailing Address		Mailing Address	0.00			
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Name of Additional Joint Inventor, if any:		☐ A petition has been filed for this unsigned inventor				
Given Name (first and middle (if any))		Family Name or Surname				
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Inventor's		•				
Signature			Date			
Residence: City	State					
Mailing Address						
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